

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Water Use Limiting Condition Compliance Report

Quarterly Report of Injections and Withdrawals For Aquifer Storage and Recovery (ASR) Wells

This report must be completed and submitted to the District at the address shown as required by your permit

Permit Number _____
Issued to _____
Address _____
City, State, ZIP _____
Phone / Fax Number _____
E-mail Address _____

Return To:
South Florida Water Management District
Attn: Water Use Regulation Division (4320)
PO Box 24680
West Palm Beach, FL 33416 - 4680

Water Injections, Million Gallons

Well Name	District Identification Number	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	Accounting Method	Date Last Calibrated

Water Withdrawals, Million Gallons

Well Name	District Identification Number	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	Accounting Method	Date Last Calibrated

Name of Person Completing Form _____

Signature: _____

Date: _____

sfwmd.gov